

Hospital CAHPS® CMS Pilot Test Questionnaire

Draft—Not for Circulation

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Some items in this questionnaire drew ideas and phrases from items submitted by interested organizations in response to the “Call for Measures” published on July 24, 2002. However, the precise wording of most of the items in this questionnaire is distinct from the wording of submitted items.

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SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☒ Yes → *If Yes, Go to Question 1 on Page 1*
- ☐ No

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {SPONSOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call XXX.

1. Our records show that you were discharged from [FACILITY NAME] on or about [DISCHARGE DATE]. Is that right?

¹ ☐ Yes

² ☐ No → If No, Stop and return this survey.

Please answer the questions in this survey about this stay at [FACILITY NAME]. Do not include any other hospital stay in your answers.

2. Which option below best describes the reason for this hospital stay?

¹ ☐ Surgery

² ☐ Childbirth (including caesarian section)

³ ☐ Other medical reason

3. About how many nights was this hospital stay?

Enter number of nights: _____

YOUR CARE FROM NURSES

4. During this hospital stay, how often did nurses treat you with courtesy and respect?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

5. During this hospital stay, how often did nurses listen carefully to you?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

6. During this hospital stay, how often did nurses explain things in a way you could understand?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

7. During this hospital stay, how often did nurses spend enough time with you?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

8. During this hospital stay, did you press the call button?

¹ ☐ Yes

² ☐ No → If No, Go to Question 10

9. After you pressed the call button, how often did you get help as soon as you wanted it?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

10. We want to know your rating of the care you received from nurses during this hospital stay

Using any number from 0 to 10 where 0 is the worst possible care

and 10 is the best possible care, what number would you give the care you got from all the nurses who treated you?

- ⁰☐ 0 Worst possible nursing care
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best possible nursing care

YOUR CARE FROM DOCTORS

11. During this hospital stay, how often did doctors treat you with courtesy and respect?

- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

12. During this hospital stay, how often did doctors listen carefully to you?

- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

13. During this hospital stay, how often did doctors explain things in a way you could understand?

- ¹☐ Never
²☐ Sometimes
³☐ Usually

- ⁴☐ Always

14. During this hospital stay, how often did doctors spend enough time with you?

- ¹☐ Never
²☐ Sometimes
³☐ Usually
⁴☐ Always

15. We want to know your rating of the care you received from doctors during this hospital stay.

Using any number from 0 to 10 where 0 is the worst possible care and 10 is the best possible care, what number would you give the care you got from all the doctors who treated you?

- ⁰☐ 0 Worst possible doctor care
¹☐ 1
²☐ 2
³☐ 3
⁴☐ 4
⁵☐ 5
⁶☐ 6
⁷☐ 7
⁸☐ 8
⁹☐ 9
¹⁰☐ 10 Best possible doctor care

THE HOSPITAL ENVIRONMENT

16. During this hospital stay, how often was the temperature in your room comfortable?

- ¹☐ Never
²☐ Sometimes
³☐ Usually

⁴☐ Always

17. During this hospital stay, how often were your room and bathroom kept clean?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

18. During this hospital stay, how often was the area around your room quiet at night?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

YOUR EXPERIENCES IN THIS HOSPITAL

19. During this hospital stay, did you need help from doctors, nurses or other hospital staff with bathing, washing or keeping clean?

¹☐ Yes

²☐ No → If No, Go to Question 21

20. How often did you get help with bathing, washing or keeping clean as soon as you wanted?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

21. During this hospital stay, did you need help from doctors, nurses or other hospital staff in getting to the bathroom or in using a

bedpan?

¹☐ Yes

²☐ No → If No, Go to Question 23

22. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

23. At any time during this stay, did you share a hospital room with one or more other patients?

¹☐ Yes

²☐ No → If No, Go to Question 25

24. How often did doctors, nurses, and other hospital staff make sure that you had privacy when they took care of you or talked to you?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

25. During this hospital stay, how often did doctors, nurses or other hospital staff involve you in decisions about your treatment as much as you wanted?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

26. During this hospital stay, did your

family or friends call or come to visit you?

¹ ☐ Yes

² ☐ No → **If No, Go to**

Question 28

27. During this hospital stay, how often did your family and friends receive the help they needed when they called or visited the hospital?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

28. During this hospital stay, when doctors, nurses, or other hospital staff first came to care for you, how often did they introduce themselves?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

29. Did you have pain during this hospital stay?

¹ ☐ Yes

² ☐ No → **If No, Go to**
Question 34

30. During this hospital stay, did you have to ask for pain medicine?

¹ ☐ Yes

² ☐ No → **If No, Go to**
Question 32

31. How often did doctors, nurses or other hospital staff respond quickly when you asked for pain medicine?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

32. During this hospital stay, how often was your pain well controlled?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

33. During this hospital stay, how often did the doctors, nurses or other hospital staff do everything they could to help you with your pain?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

34. We want to ask you about medical procedures and tests, for example, drawing blood, taking x-rays, and applying and removing stitches and bandages.

During this hospital stay did you have any medical procedures or tests?

¹ ☐ Yes

² ☐ No → **If No, Go to**
Question 36

35. How often were these tests and procedures done without causing you too much pain?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴☐ Always

36. During this hospital stay, were you given any new medicine that you had not taken before?

¹☐ Yes

²☐ No → If No, Go to
Question 42

37. Before giving you any new medicine, how often did doctors, nurses, or other hospital staff tell you the name of the medicine?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

38. Before giving you any new medicine, how often did doctors, nurses, or other hospital staff tell you what the medicine was for?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

39. Before giving you any new medicine, how often did doctors, nurses, or other hospital staff ask you if you were taking any other medicines or supplements?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

40. Before giving you any new medicine, how often did doctors, nurses, or other hospital staff ask if you were allergic to any medicines?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

41. Before giving you any new medicine, how often did doctors, nurses, or other hospital staff describe possible side effects of the medicine in a way you could understand?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

ADMISSIONS

42. During this hospital stay, were you admitted to this hospital through the Emergency Room?

¹☐ Yes

²☐ No

43. Think about when you were admitted to the hospital for this stay. Were there any unreasonable delays during the admission process?

¹☐ Yes

²☐ No

44. A living will is a signed document that gives instructions about the kinds of medical treatment people want, or do not want, if they are not able to speak for themselves.

When you were admitted to the hospital for this stay, were you asked if you had a living will?

¹☐ Yes

²☐ No

DISCHARGE

45. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

¹ ☐ Own Home
² ☐ Someone Else's Home
³ ☐ Another Health Facility → If
Another, Go to Question 52

46. After you left the hospital, did your health condition limit what you were able to do in any way?

¹ ☐ Yes
² ☐ No → If No, Go to
Question 49

47. Before you left the hospital, did you get information in writing about what activities you could and could not do?

¹ ☐ Yes
² ☐ No

48. Before you left the hospital, did someone talk with you about whether you would have the help you needed when you were discharged?

¹ ☐ Yes
² ☐ No

49. Before you left the hospital, did you get information in writing about what symptoms or health problems to look out for after you were discharged?

¹ ☐ Yes
² ☐ No

50. Before you left the hospital, were you told to take any medicine at home that you had not taken before this hospital stay?

¹ ☐ Yes
² ☐ No → If No, Go to
Question 52

51. Before you left the hospital, did you get information in writing about how to take this medicine at home?

¹ ☐ Yes
² ☐ No

OVERALL RATING OF HOSPITAL

52. We want to know your overall rating of this hospital.

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

⁰ ☐ 0 Worst hospital possible
¹ ☐ 1
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5
⁶ ☐ 6
⁷ ☐ 7
⁸ ☐ 8
⁹ ☐ 9
¹⁰ ☐ 10 Best hospital possible

53. Would you recommend this hospital to your friends and family?

¹ ☐ Definitely no
² ☐ Probably no

- ³ ☐ Probably yes
⁴ ☐ Definitely yes

54. What did you like most about the care you received during this hospital stay?

55. If you could change one thing about the care you received during this hospital stay, what would it be?

ABOUT YOU

56. In general, how would you rate your overall health now?

- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor

57. In general, how would you rate your overall mental or emotional health now?

- ¹ ☐ Excellent
² ☐ Very good
³ ☐ Good
⁴ ☐ Fair
⁵ ☐ Poor

58. What is your age now?

- ¹ ☐ 18 to 24
² ☐ 25 to 34
³ ☐ 35 to 44
⁴ ☐ 45 to 54
⁵ ☐ 55 to 64
⁶ ☐ 65 to 74
⁷ ☐ 75 to 79
⁸ ☐ 80 or older

59. Are you male or female?

- ¹ ☐ Male
² ☐ Female

60. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
² ☐ Some high school, but did not graduate
³ ☐ High school graduate or GED
⁴ ☐ Some college or 2-year degree
⁵ ☐ 4-year college graduate
⁶ ☐ More than 4-year college degree

61. Are you of Hispanic or Latino origin or descent?

- ¹ ☐ Yes, Hispanic or Latino
² ☐ No, not Hispanic or Latino

62. What is your race? Please choose one or more.

- ¹ ☐ White
² ☐ Black or African-American
³ ☐ Asian
⁴ ☐ Native Hawaiian or other Pacific Islander
⁵ ☐ American Indian or Alaskan Indian or Alaskan Native

⁸ ☐ Other (please print):

63. What language do you mainly speak at home?

¹ ☐ English

² ☐ Spanish

⁸ ☐ Some other language (please print):

64. Including this hospital stay, how many hospital stays did you have in the last 12 months?

¹ ☐ One

² ☐ Two

³ ☐ Three

⁴ ☐ Four or more stays

65. Did someone help you complete this survey?

¹ ☐ Yes → **Go to Question 66**

² ☐ No → **Please return the survey in the postage-paid envelope.**

66. How did that person help you? Check all that apply.

¹ ☐ Read the questions to me

² ☐ Wrote down the answers I gave

³ ☐ Answered the questions for me

⁴ ☐ Translated the questions into my language

⁵ ☐ Helped in some other way
(Please print)

THANK YOU

Please return the completed survey in the postage-paid envelope.